

**MANUAL LICENSE RENEWAL APPLICATION**

1800 37M-407 (REV. 12/05)

**---- PLEASE ALLOW 4 TO 6 WEEKS FOR PROCESSING ----**

LICENSE NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

AMOUNT ENCLOSED \_\_\_\_\_

**Make check payable to:****Board of Behavioral Sciences****Continuing Education/Inactive/Conviction Information****A** ☐ I have completed the required hours of CE within the last two years or have been granted an exception by the board.**B** ☐ I have not completed the required CE and/or please renew my license with an inactive status.**FOR ALL LICENSEES:** Subsequent to your last renewal, have you been convicted of, pled guilty to, or pled nolo contendere to a misdemeanor or felony, or have you had any disciplinary action taken by any regulatory or licensing board in this or any other state, subsequent to the last renewal?**YES** ☐ **NO** ☐

I certify under penalty of perjury under the laws of the State of California that the foregoing information is true and correct.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

\*NAME \_\_\_\_\_

\* You must use your legal name for your professional license. (See reverse side of this form.)

\*\*ADDRESS \_\_\_\_\_

**\*\* NOTE:** The address you enter on this application is public information, and will be placed on the Internet pursuant to Business and Professions Code Section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address.**SPECIAL FEE INFORMATION****RENEWAL FEES** expired on or before 12/31/03 only*Please call the board at (916) 574-7858 for amount due.***RENEWAL FEES**expiration on or after 1/31/04

	Active	Inactive	Delinquent
MFT	\$140.00	\$75.00	\$205.00
LCSW	\$110.00	\$60.00	\$160.00
LEP	\$ 80.00	\$40.00	\$120.00

(Detach Here)

**IMPORTANT INFORMATION**

The renewal fee listed above must be postmarked on or before the expiration date of your license. If postmarked after the expiration date, the delinquency fee is required. THERE IS NO GRACE PERIOD. A license that is not renewed by the expiration date is deemed expired. IT IS ILLEGAL TO PRACTICE ON AN EXPIRED LICENSE.

**CONTINUING EDUCATION (MFT& LCSW ONLY)**

CE is required to renew a license with an active status.

18 hours of CE are required to renew an initial license.

36 hours of CE are required to renew a license for each two-year renewal period.

**DO NOT SUBMIT PROOF OF CE WITH RENEWAL.****AUDITS**

You must retain your CE certificates for at least two years from the date of the license renewal for which the courses were completed. The board will be performing random audits. If you are audited, you will be required to provide copies of your CE certificates at that time as proof of completion of the CE requirement.

**INACTIVE STATUS**

CE is not required to renew an inactive license or to change license status to inactive. There is no penalty for having an inactive status, and you can renew with an inactive status indefinitely. An inactive license can be reactivated at any time by completing the CE required at the time of reactivation and paying the remainder of the renewal fee.

**CONTINUING EDUCATION AND CONVICTION INFORMATION MUST BE COMPLETED**

You must disclose all misdemeanors and felonies. You may exclude any traffic violations for which a fine of \$500 or less was imposed. Your signature and date are required in addition to completion of all the information requested. Failure to complete any portion of the CE and conviction information will delay the process of your renewal.

Please be aware of the following information:

- ❶ A licensee's status and address of record is public information.
- ❷ A licensee is not entitled to payment by a client or an insurer for services performed while license is expired or inactive.
- ❸ A licensee may not supervise or sign off hours for MFT interns or associate clinical social workers while the license is expired or inactive.
- ❹ A license that is not renewed within 5 years after its expiration date will be cancelled. To be licensed again, you

will

be required to reapply for a new license, meet all current requirements, and pass the licensing examinations.

- ❺ Disclosure of your social security number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your SSN.

#### **\*NAME CHANGES**

Licensees must use their LEGAL name for their professional license. If you have a name change that you would like to have processed with the renewal application, you must submit the only appropriate documentation, of either a copy of your marriage certificate, divorce decree, or court order with this renewal application. **A driver's license and social security card will NOT be accepted as proof of a legal name change.**

**DO NOT SEND ORIGINAL DOCUMENTS UNLESS SPECIFICALLY REQUESTED.**

#### **DISPLAY OF LICENSE**

A licensee is required to display their license in a conspicuous place in their primary place of business.

The Board of Behavioral Sciences does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities.

The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA Coordinator.